

# NORTH CAROLINA MEDICAID PROGRAM SUPPLEMENT TO DENTAL PRIOR APPROVAL FORM

## FULL DENTURE / PARTIAL DENTURE REQUEST

This form must accompany any prior approval request for full or partial dentures to be delivered in a long-term care facility (e.g., skilled nursing facility, intermediate care facility, adult care home).

<b>I. PATIENT'S NAME</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div>			<b>BIRTHDATE</b> <small>(MM/DD/CCYY)</small>	<b>SEX</b>	<b>PATIENT'S MEDICAID ID NUMBER</b>
<b>II. THIS PORTION TO BE COMPLETED BY FACILITY STAFF</b>					
<b>FACILITY / ADDRESS / TELEPHONE NUMBER</b>					
<b>ATTENDING PHYSICIAN / TELEPHONE NUMBER</b>			<b>RELATIVE NAME / ADDRESS / TELEPHONE NUMBER</b>		
<b>DIAGNOSIS / PRIMARY / SECONDARY</b>			<b>MEDICATIONS</b>		
<b>PATIENT INFORMATION (Describe briefly)</b>					
Level of disorientation: _____ Personal care assistance: _____ Type of diet: _____ Activities/Social: _____ Can patient communicate needs? _____ Prognosis: _____ Comments: _____ _____ _____ Completed by: _____ Title: _____ Date: _____					
<b>III. THIS PORTION TO BE COMPLETED BY THE ATTENDING PHYSICIAN</b>					
<b>STATEMENT:</b> IN MY OPINION THIS PATIENT IS ABLE TO TOLERATE DENTURES. THIS PATIENT DESIRES DENTURES. THIS PATIENT NEEDS DENTURES FOR AN IMPROVED QUALITY OF LIFE.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Attending Physician</span> <span>Date</span> </div>					
<b>IV. THIS PORTION TO BE COMPLETED BY THE ATTENDING DENTIST</b>					
<b>STATEMENT:</b> BASED ON ORAL EXAMINATION FINDINGS AND AN EVALUATION OF THIS PATIENT'S POTENTIAL TO UTILIZE DENTURES IT IS MY OPINION THAT DENTURES SHOULD BE PROVIDED. I WILL PROVIDE POST-OPERATIVE CARE FOLLOWING DENTURE INSERTION TO THE PATIENT AS NEEDED IN ACCORDANCE WITH MEDICAID GUIDELINES.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Attending Dentist</span> <span>Date</span> </div>					